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Form 4												
February 05, 2009 FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION								ION	OMB APPROVAL			
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235	-0287		
Check t if no lor subject Section Form 4 Form 5 obligation	nger STATEN 16. or Filed put	STATEMENT OF CHANGES IN BENEFICIAL O SECURITIES Filed pursuant to Section 16(a) of the Securities Exch Section 17(a) of the Public Utility Holding Company Ac						nge Act of 19	Estimated average burden hours per response 0.5		ry 31, 2005 0.5	
may cor <i>See</i> Inst 1(b).	unue.			nvestmen	•	-	•					
(Print or Type	Responses)											
1. Name and Address of Reporting Person * 2. Iss RIGGS STEVEN Symbol				Ic				5. Relationship of Reporting Person(s) to Issuer				
			ICU MEDICAL INC/DE [ICUI]				JI]	(Check all applicable)				
(Last) (First) (Middle) 951 CALLE AMANECER			3. Date of Earliest Transaction(Month/Day/Year)02/04/2009				Director 10% Owner X Officer (give title Other (specify below) below) Vice President Operations					
				If Amendment, Date Original led(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
SAN CLEN	MENTE, CA 926	73								ore than One R		
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Secu	rities A	cquired, Dispos	sed of,	or Beneficia	lly Owne	d
1.Title of Security (Instr. 3)	urity (Month/Day/Year) Execution Date, if		Date, if	3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price		SecuritiesFoBeneficially(DOwned(I)Following(IrReportedTransaction(s)(Instr. 3 and 4)		orm: Direct D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Damindam Da	port on a separate line	a for each al	of see					rindiractly				
Kenninder: Ke	port on a separate find			unities belle	-		-	pond to the c	ollecti	ion of	SEC 1474	

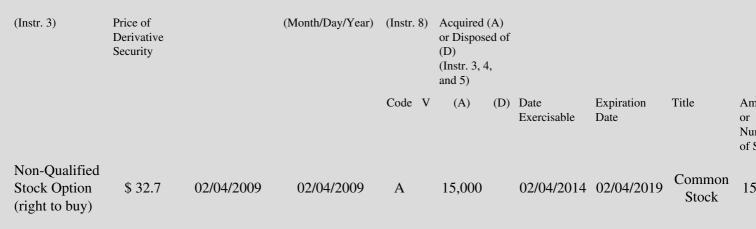
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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amou
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Secur
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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Reporting Owners

Reporting Owner Name / Address			Relationships	
	Director	10% Owner	Officer	Other
RIGGS STEVEN 951 CALLE AMANECER SAN CLEMENTE, CA 92673		Vice President Operations		
Signatures				
By: Lynn DeMartini For: Steve Riggs	en C.	02/05	5/2009	

**Signature of Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.